

APPLICATION FOR MOTOR CARRIER CERTIFICATE
Before the
ALABAMA PUBLIC SERVICE COMMISSION

This Application is being filed as a result of the Federal Aviation Administration Authorization Act of 1994, and the applicant claims the benefits and privileges of said Act.

This Application should be typed or neatly printed, properly signed and sworn to, and filed with the \$100.00 filing fee with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

SECTION I

Applicant _____
(Legal name)

Doing Business as _____
(Trade name)

Business Address _____
(Must be a physical address – cannot be a post office box)

(City) (State) (Zip Code)

Mailing Address _____
(May be a post office box)

(City) (State) (Zip Code)

() () _____
(Telephone Number) (Facsimile Number) (Email address)

☐ Applicant seeks a Certificate to transport property between all points in the State of Alabama, except household goods. **(Household goods requires a separate application)**

SECTION II

FORM OF BUSINESS (Check only one):

- | | |
|--|--|
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) |
| <input type="checkbox"/> LIMITED PARTNERSHIP (LP) | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (LLP) |
| <input type="checkbox"/> SOLE PROPRIETORSHIP | |
| <input type="checkbox"/> PARTNERSHIP (Identify partners) _____ | |
| <input type="checkbox"/> OTHER (identify) _____ | |

SECTION II Continued

Out of State Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Limited Liability Partnerships (LLP) must register with the Alabama Secretary of State.

☐ Alabama corporation, LLC, LP, or LLP,

OR

☐ Out of State Corporation, LLC, LP, or LLP

State of Organization: _____

☐ Attach Certificate of Registration from the
Alabama Secretary of State

All Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), and Limited Liability Partnerships (LLP); whether Alabama entities or Out of State entities must attach the following documents:

☐ Corporation: Articles of Incorporation

☐ LLC: Articles of Organization

☐ LP: Certificate of Limited Partnership

☐ LLP: Registration of Limited Liability Partnership

If you have been issued a U.S.D.O.T. number, MC number, or Alabama Public Service Commission Permit or Certificate number, provide it here:

USDOT#

MC#

APSC#

Applicant proposes to use approximately (number of) _____ motor vehicles of the kind and type described in Appendix "B" hereto attached. (Give detailed description showing type, make, model, and rated capacity).

SECTION III

☐ Applicant has the required insurance and Forms E and H proof of coverage properly filed with the Commission, or Forms E & H are attached hereto.

☐ \$100.00 filing fee paid (**cashier's check or money order only**)

☐ A financial statement (balance sheet and income/expense statement) for the most recent tax year is attached hereto as Appendix "C."

☐ Applicant has attached hereto a Form B-2, application for registration number.

SECTION IV

☐ Applicant has a safety fitness rating from the United States Department of Transportation of satisfactory as shown by Attachment "D."

OR

☐ Applicant has attached as Appendix "D" a description of its safety program that shows compliance with requirements of the Commission's rules and/or the rules of the United States Department of Transportation.

SECTION V

Applicant understands that the filing of this Application does not, in itself, constitute authority to operate; will submit such additional information in connection with this Application as the Commission may require; and will comply with requirements of the laws of the State of Alabama, and the rules and regulations of the Commission made thereunder, as are applicable to intrastate transportation of property.

SECTION VI

Name and address of the contact person that can answer questions about this application or supply additional information:

(Name)

(Address)

(City)

(State)

(Zip Code)

(Telephone Number)

(Facsimile Number)

(Email Address)

OATH

County of _____

State of _____

Name of Affiant _____
being duly sworn, states that he/she files this Application as (indicate whether owner, or proprietor, title as officer of applicant corporation or association, member of applicant partnership, or other authorized representative of applicant) _____ that in such capacity, he/she is qualified and authorized to file and verify such Application; that he/she has carefully examined all the statements and matters contained in the Application, and that all such statements made and matters set forth herein are true and correct to the best of his/her knowledge, information and belief.

(Signature of Affiant) _____

Subscribed and sworn to before me, a _____ in and for said State and County
above named, this _____ day of _____, _____.

(Notary Public) _____

(Seal)

My Commission Expires: _____